

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NORTH FLORIDA NEIGHBORS		FEC IDENTIFICATION NUMBER ▼ C C00582312	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y </table>	

Full Name of Payee Scott Howell & Company		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">07</table> / <table border="1" style="display:inline-table; margin:0 5px;">12</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>	
Mailing Address 3900 Willow Street Ste. 200		Amount <table border="1" style="display:inline-table; margin:0 5px;">75422.14</table>	
City Dallas	State TX	Zip Code 75226	Transaction ID : SE.4180 Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">07</table> / <table border="1" style="display:inline-table; margin:0 5px;">07</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>
Purpose of Expenditure Media Buy		Category/ Type	
Name of Federal Candidate MATT GAETZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">75422.14</table>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"></table> / <table border="1" style="display:inline-table; margin:0 5px;"></table> / <table border="1" style="display:inline-table; margin:0 5px;"></table>	
Mailing Address		Amount <table border="1" style="display:inline-table; margin:0 5px;"></table>	
City	State	Zip Code	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"></table> / <table border="1" style="display:inline-table; margin:0 5px;"></table> / <table border="1" style="display:inline-table; margin:0 5px;"></table>
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;"></table>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="display:inline-table; margin:0 5px;">75422.14</table>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="display:inline-table; margin:0 5px;">75422.14</table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Abby Dupree

[Electronically Filed]

Date

 /

 /

Signature